

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-017337

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3939**

STATE FILE NUMBER

**FILED APR 17 1963**

1. a. COUNTY **Missouri** b. COUNTY **Missouri**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Missouri** b. COUNTY **Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only) **St. Louis** Length of stay in 1b **St. Louis** c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) **Firmin Desloge Hospital** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **7506a Virginia Avenue** Reside on Farm Yes  No

3. NAME OF DECEASED First **Mildred** Middle **F.** Last **Brown Bailey** 4. DATE OF DEATH Month **April** Day **5** Year **1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **2/15/1898** 9. AGE (last birthday) **65**

IF UNDER 1 YEAR: Months **65** Days **65** IF UNDER 24 HR: Hours **65** Min. **65**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Own Home** 11. BIRTHPLACE (City and state or country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Frank Tretter** 13b. MOTHER'S MAIDEN NAME **Alice Maddox** 14. NAME OF HUSBAND OR WIFE **Verbel**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Mable Hanstein** Address **7506a Virginia, St. Louis, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **Cerebral vasculature insufficiency** DUE TO (b) **Rheumatic heart disease** DUE TO (c) **4/6x** INTERVAL BETWEEN ONSET AND DEATH **10 yrs.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour **7:45/p** Month, Day, Year **3-15-63**

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **4-5-63** 20f. CITY, TOWN, OR LOCATION **Lemay, Missouri** COUNTY **Lemay** STATE **Missouri**

21. I attended the deceased from **3-15-63** to **4-5-63** and last saw her/him alive on **4-5-63**. Death occurred at **7:45/p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. H. Wellman, M.D.** (Degree or title) 22b. ADDRESS **1375 S. Grand** 22c. DATE SIGNED **4/7/63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Apr. 8, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Park Lawn Cemetery** 23d. LOCATION (City, town, or county) **Lemay, Missouri**

24. FUNERAL DIRECTOR'S ADDRESS **C. Horneister Mortuaries 7814 So. Broadway, St. Louis, Mo.** 25. DATE RECD. BY LOCAL REG. **APR 8 1963** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

VS 300 Rev. 4/59

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2 **20/19**

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**61**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John J. Denny*

Licensed Embalmer No. 4194

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.